

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | SERIAL NO. | | FILING DATE | | |
|---------------------------------------------------|----------|-----|------------------------|-----|------------------------|--------------|--------------|-------------|------|------|
| | | | | | | APPLICANT(S) | | | | |
| | | | | | | CLAIMS | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * | * | |
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| TOTAL DEP | | | | | | | TOTAL DEP | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | |
| * MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS | | | | | | | | | | |